

Registration District No. 467

Primary Registration District No. 4280

Registrar's No.

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Aurora  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Kelsey Clinic  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT  
FULL NAME Thomas P Simmons

3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex Male 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if

7. Birth date of deceased April 24 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 8 22 hr. min.

9. Birthplace Greene County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Miner

11. Industry or business

MOTHER FATHER { 12. Name Richard Simmons  
13. Birthplace ? Maryland  
(City, town, or county) (State or foreign country)  
14. Maiden name Not known  
15. Birthplace ? England  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Alma Belt

(b) Address Dallas Texas

17. (a) Burial (b) Date thereof 1/8/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J. F. King

(b) Address Aurora Mo

19. (a) Jan 7-1942 (b) Edith M. King  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Aurora  
(If outside city or town limits, write "RURAL")  
(d) Street No. Kelsey Clinic  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 6  
year 1942 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from  
December 31 1941 to January 6 1942  
that I last saw him alive on January 6 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Alveolar, lung, right  
middle & lower lobe  
Due to Pulmonary Tuberculosis  
complicated by Secondary Bacterial  
Infection  
Duration about 3 months

Due to Tuberculosis, pulmonary, bilateral  
Other conditions (Include pregnancy within 3 months of death)  
none  
Major findings:  
Of operations none  
Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury  
23. Signature Dr. Kenneth L. Kelley (M.D. or other)  
Address 16 E. Locust St. Date signed 1/7/42

RECEIVED

District Health Officer No. 6,

District File Number 242-228

Date Filed FEB 12 1942

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Herman Curridge  
Licensed Embalmer No. 3072  
P. O. Address Aurora Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.